

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

PART I - TO BE COMPLETED BY CLAIMANT (See reverse side for Privacy Act Statement and Instructions.)

1. NAME OF CLAIMANT (Last, First, Middle Initial) DOE, JOHN	2. BRANCH OF SERVICE USAF	3. RANK OR GRADE SRA	4. SOCIAL SECURITY NUMBER 000-00-0000
5. HOME ADDRESS (Street, City, State and Zip Code) 100 BEACH ROAD SUNNY FL 00000		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code) 33 FW/DOGGONE EGLIN AFB FL 32542	
7. HOME TELEPHONE NO. (Include area code) (850) 555-5555	8. DUTY TELEPHONE NO. (Include area code) (850) 222-4444	9. AMOUNT CLAIMED	

10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)

SAMPLE - SAMPLE - SAMPLE

Please leave blocks 9, 17 & 18 blank until you have seen an adjudicator.

FILL OUT INFORMATION

11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)	YES	NO
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)		
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)		
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)		
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)		
16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM: If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind. I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage. I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.		
17. SIGNATURE OF CLAIMANT (or designated agent)	18. DATE SIGNED (MMDDYY)	

DO NOT SIGN UNTIL YOUR APPOINTMENT WITH OUR OFFICE

PART II - CLAIMS APPROVAL (To be completed by Claims Office)

19. PROCEDURE (X one)	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:		\$
a. SMALL CLAIMS			
b. REGULAR CLAIMS			
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)			
a. CLAIMS EXAMINER	b. DATE SIGNED (MMDDYY)	c. REVIEWING AUTHORITY	d. DATE SIGNED (MMDDYY)
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY	f. SIGNATURE OF APPROVING AUTHORITY		g. DATE SIGNED (MMDDYY)